

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAID PURCHASING ADMINISTRATION  
Olympia, Washington**

**To:** Maternity Support Services/Infant  
Case Management Providers  
Managed Care Organizations

**Memo #: 11-08**  
**Issued:** February 28, 2011

**From:** Doug Porter, Administrator and  
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1-800-562-3022 or go to:  
<http://hrs.dshs.wa.gov/contact/prucontact.asp>

**Subject: Maternity Support Services/Infant Case Management: March 1, 2011 Benefit Changes**

Washington State is in the midst of a serious economic downturn and faces another critical shortfall in state revenue as we approach the new biennium. Governor Gregoire is addressing that deficit, working with legislative leaders to implement budget cuts needed to balance the state's revenue and expenditures. On December 11, 2010, the Legislature passed HR3225 ("Operating Budget – Second Special Session Amendments").

**Effective March 1, 2011**, the Department of Social and Health Services (the Department) will update policy and billing instructions for the Maternity Support Services (MSS) and Infant Case Management (ICM) programs.

**Effective March 1, 2011**, the Department has made the following changes to the Maternity Support Services/Infant Case Management program. The changes are outlined by program:

### **Maternity Support Services (MSS)**

#### **Updates to the Definitions & Abbreviations Section in the Billing Instructions**

The Department has removed the following definitions from the *Maternity Support Services/Infant Case Management Billing Instructions*:

- "Department of Health (DOH)"
- "Maternity Support Services (MSS)/Infant Case Management (ICM/Childbirth Education (CBE) Management Team"
- "Performance Measure"

#### **Transition Plan**

The Department implemented a transition plan effective March 1, 2011, for MSS and ICM clients. Service levels are based on the date billable services for MSS and/or ICM were first received by the client (See Appendix A at the end of this # Memo). The Transition Plan was added as an Appendix to the billing instructions.

## **Updates to the Provider Requirements Section in the Billing Instructions**

The Department made the following changes:

- References to “Department of Health” and “MSS/ICM/CBE Management Team” were removed;
- “First Steps Manual” is now referred to as “First Steps Reference Guide;”
- New MSS providers no longer have to complete the following within 30 days of first providing MSS services:
  - ✓ The First Steps Family Planning Performance Measure; and
  - ✓ ABC’s of First Steps Training.
- The Department now requires a designated person within the MSS agency to periodically view the First Steps website for program updates as communication will no longer be sent from the First Steps Message Mailbox.
- Discipline-specific training plans now must be kept in an individual’s personnel file since these are no longer required to be submitted for approval;
- Clinical supervision requirements for the Community Health Worker (CHW) were condensed and clarified.
- Care Coordination activities were updated. Providers are now required to ask new clients if they are seeing any other MSS/ICM provider.

## **Policy Change Regarding Numbers of Units**

The Department allows the following for clients entering MSS during pregnancy, subject to the limitations in the MSS Transition Plan (See Appendix A):

- A minimum of 1 unit, per client, per visit;
- A maximum of 7 units, per client found eligible for the Basic level of service, for any combination of office and/or home visits during the MSS eligibility period;
- A maximum of 14 units, per client found eligible for the Expanded level of service, for any combination of office and/or home visits during the MSS eligibility period; and
- A maximum of 30 units, per client found eligible for the Maximum level of service, for any combination of office and/or home visits during the MSS eligibility period.

The department allows the following for clients entering MSS post pregnancy (PP) only, subject to the limitations in the MSS Transition Plan:

- A minimum of 1 unit, per client, per visit;
- A maximum of 4 units, per client found eligible for the PP Basic level of service, for any combination of office and/or home visits during the MSS eligibility period;
- A maximum of 6 units, per client found eligible for the PP Expanded level of service, for any combination of office and/or home visits during the MSS eligibility period; and
- A maximum of 9 units, per client found eligible for the PP Maximum level of service, for any combination of office and/or home visits during the MSS eligibility period.

## **Infant Case Management (ICM)**

### **Policy Change Regarding Numbers of Units**

The Department made the following changes to the maximum number of units for ICM:

- A maximum of 2 units, per client may be used to screen for ICM services.
- A maximum of 6 units, per client found eligible for a lower level, for any combination of office and/or home visits during the ICM eligibility period; and
- A maximum of 20 units, per client found eligible for a higher level, for any combination of office and/or home visits during the ICM eligibility period.

**Note:** Check the Department's website frequently to keep current on changes to this information: <http://hrsa.dshs.wa.gov/News/Budget.htm>.

## **Updated Billing Instructions**

You may view the updated *Maternity Support Services/Infant Case Management Billing Instructions* which contain the changes outlined in this # Memo at:

[http://hrsa.dshs.wa.gov/download/Billing\\_Instructions\\_Webpages/Maternity\\_Support\\_Services.html](http://hrsa.dshs.wa.gov/download/Billing_Instructions_Webpages/Maternity_Support_Services.html).

## **How Can I Get the Department/MPA Provider Documents?**

To download and print the Department/MPA provider numbered memos and billing instructions, go to the Department/MPA website at: <http://hrsa.dshs.wa.gov> (click the ***Billing Instructions and Numbered Memorandum*** link).

## Transition Plan for MSS & ICM Unit Allocation Beginning March 1, 2011

<b>MSS 2009 Unit Allocation</b>	
Clients who have had a MSS billable service <b>prior to March 1, 2011</b>	Continue with 2009 unit allocation
<b>Services Started During</b>	<b>Level of Service</b>
<b>Prenatal period</b>	Basic = 8 units  Expanded = 18 units  Maximum = 40 units
<b>Post Pregnancy period only</b> - did not receive any MSS during the prenatal period.	Post Pregnancy Basic = 6 units  Post Pregnancy Expanded = 10 units  Post Pregnancy Maximum = 14 units
<b>MSS March 1, 2011 Unit Allocation</b>	
Clients who receive their 1 <sup>st</sup> MSS billable services <b>on or after March 1, 2011</b>	Assign units based on the March 1, 2011 unit allocation
<b>Services Started During</b>	<b>Level of Service</b>
<b>Prenatal period</b>	Basic = 7 units  Expanded = 14 units  Maximum = 30 units
<b>Post Pregnancy period only</b> - did not receive any MSS during the prenatal period.	Post Pregnancy Basic = 4 units  Post Pregnancy Expanded = 6 units  Post Pregnancy Maximum = 9 units

## Transition Plan for MSS & ICM Unit Allocation Beginning March 1, 2011

<b>ICM 2009 Unit Allocation</b>	
Clients who receive an ICM billable service <b>prior to March 1, 2011</b>	Continue with 2009 unit allocation <ul style="list-style-type: none"> <li>• ICM screening = 4 units maximum</li> <li>• Lower level of service = 10 units maximum which includes a maximum of 4 units for screening</li> <li>• Higher level of service = 30 units maximum which includes a maximum of 4 units for screening</li> </ul>
<b>ICM March 1, 2011 Unit Allocation</b>	
Clients who receive their 1 <sup>st</sup> ICM billable services <b>on or after March 1, 2011</b>	<ul style="list-style-type: none"> <li>• ICM screening = 2 units max</li> <li>• Low level of service = 6 unit max which includes the 2 units max for screening</li> <li>• High level of service = 20 units max which includes the 2 units max for screening</li> </ul>
<b>MSS &amp; ICM Clarification Notes:</b> <ul style="list-style-type: none"> <li>• MSS and ICM are two separate components within First Steps. There are two distinct eligibility periods and MSS is based on mom's eligibility whereas ICM is based on baby's eligibility. The units assigned will have to be assessed separately for each component based on when billable services are started.</li> <li>• If the client's level of service increases, she will be eligible for more units, not to exceed the units allocated for that level of service. Any units already used must be subtracted from the units allocated for the new level of service.</li> <li>• If the client's level of service remains the same or moves to a lower level of service, the units of service available do not change but are still based on client need.</li> </ul>	